

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- The attached application, or
- Application No. _____, filed on _____,
- as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: HELEN S. M. LU

Signature: *HeLEN* Citizen of: US

Inventor two: WEIMING QIU

Signature: *Weiming Qiu* Citizen of: US

Inventor three: RAFAEL SHAPIRO

Signature: *Rafael Shapiro* Citizen of: US

Inventor four: _____

Signature: _____ Citizen of: _____

Additional inventors are being named on _____ additional form(s) attached hereto.

Please type a plus sign (+) inside this box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	UNASSIGNED
Filing Date	HEREWITH
First Named Inventor	HELEN S.M. LU, ET AL.
Title	3-ALKYLATED-5,5',6,6',7,7',8,8'-OCTAHYDRO-2,2'-BINAPHTHOLS AND 3,3'-DIALKYLATED-5,5',6,6',7,7',8,8'-OCTAHYDRO-2,2'-BINAPHTHOLS AND PROCESSES FOR MAKING THEM
Group Art Unit	UNASSIGNED
Examiner Name	UNASSIGNED
Attorney Docket Number	PH270 US NA

I hereby appoint:

Practitioners at Customer Number

23906

23906

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number

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OR

Firm or Individual Name

HELEN S.M. LU

Address 209 KNOLL ROAD

Address

City WALLINGFORD

State

PA

ZIP 19086

Country US

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name HELEN S.M. LU

Signature

Date 11/13/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

Please type a plus sign (+) inside this box



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Group Art Unit	UNASSIGNED
Examiner Name	UNASSIGNED
Attorney Docket Number	PI1270 US NA

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OR

Practitioners at Customer Number

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OR

Firm or Individual Name

WEIMING QIU

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Address

City WILMINGTON

State

DE

ZIP

19808

Country US

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name WEIMING QIU

Signature

Date 11/13/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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Group Art Unit	UNASSIGNED
Examiner Name	UNASSIGNED
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Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number

OR

Practitioners at Customer Number

Place Bar Code Label Here

OR

<input type="checkbox"/> Firm or Individual Name	RAFAEL SHAPIRO				
Address	1415 FRESNO ROAD				
Address					
City	WILMINGTON	State	DE	ZIP	19803
Country	US				
Telephone		Fax			

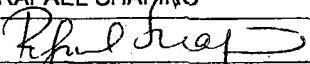
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	RAFAEL SHAPIRO
Signature	
Date	Nov. 12, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
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*Total of _____ forms are submitted.